

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI VICTOR		OFFICE USE ONLY Date Received 7/15/2015 11:27:16 AM Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX SALAS		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1500 MONTANA AVENUE EL PASO, TX 79902		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 534-7252		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI LAURA NICKNAME LAST SUFFIX ENRIQUEZ ESQ.		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1500 MONTANA AVENUE EL PASO, TX 79902		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 534-7252		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05/01/2015 07/15/2015		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 05/09/2015		
12 OFFICE	OFFICE HELD (if any) JUDGE		13 OFFICE SOUGHT (if known) JUDGE
GO TO PAGE 2			

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

VICTOR SALAS

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 650.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 2698.45

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 4728.33

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Victor Salas, this the 15 day of July, 20 15, to certify which, witness my hand and seal of office.

John Glendon

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

VICTOR SALAS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

05/15/2015

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

JESS J. ARAUJO

6 Contributor address; City; State; Zip Code

1324 N. BROADWAY, SANTA ANA, CA 92706

7 Amount of contribution (\$)

300

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

ATTORNEY

10 Employer (See Instructions)

DIMARCO ARAUJO & MONTEVIDEO

Date

05/03/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

ROSE MARIE MENDOZA

Contributor address; City; State; Zip Code

4965 VISTA GRANDE CIRCLE, EL PASO, TX
79922

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

05/05/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

JAMES MARTINEZ

Contributor address; City; State; Zip Code

7170 WESTWIND DR. STE 201, EL PASO, TX
79912

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:**0****2** FILER NAME**VICTOR SALAS****3** ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:_____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**City Clerk Dept.
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LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:**0****2** FILER NAME**VICTOR SALAS****3** ACCOUNT # (Ethics Commission Filers)**4**

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)**6** Is lender
a financial
Institution?☐**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** Check if personal funds were deposited into political account☐**16** GUARANTOR
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)☐ not applicable**18** Guarantor address; City; State; Zip Code**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender
a financial
Institution?☐

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME VICTOR SALAS		3 ACCOUNT # (Ethics Commission Filers)
4 Date 05/02/2015	5 Payee name ALBERTSONS		
6 Amount (\$) 277.29	7 Payee address; City; State; Zip Code 3100 N. MESA, EL PASO, TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) SUPPLIES FOR INVESTITURE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE
Date 05/06/2015	Payee name U.S. POSTAL SERVICE		
Amount (\$) 49	Payee address; City; State; Zip Code 219 E. MILLS		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POSTAGE	Description (If travel outside of Texas, complete Schedule T) POSTAGE STAMPS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE
Date 07/11/2015	Payee name MEZA TROPHIES		
Amount (\$) 7.58	Payee address; City; State; Zip Code 1225 TEXAS, EL PASO, TX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) NAME PLATE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE
Date 05/21/2015	Payee name SAM'S CLUB		
Amount (\$) 47.2	Payee address; City; State; Zip Code 7970 N. MESA, EL PASO, TX 79932		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) SUPPLIES FOR INVESTITURE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME VICTOR SALAS		3 ACCOUNT # (Ethics Commission Filers)			
4 Date 05/21/2015	5 Payee name PARTY CITY					
6 Amount (\$) 89.75	7 Payee address; City; State; Zip Code 655 SUNLAND PARK DR., EL PASO, TX 79912					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) SUPPLIES FOR INVESTITURE				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0"> <tr> <td>Candidate / Officeholder name VICTOR SALAS</td> <td>Office sought JUDGE</td> <td>Office held JUDGE</td> </tr> </table>				Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE
Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE				
Date 05/21/2015	Payee name WALMART					
Amount (\$) 24.23	Payee address; City; State; Zip Code 10727 GATEWAY WEST, EL PASO, TX 79925					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) SUPPLIES FOR INVESTITURE				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0"> <tr> <td>Candidate / Officeholder name VICTOR SALAS</td> <td>Office sought JUDGE</td> <td>Office held JUDGE</td> </tr> </table>				Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE
Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE				
Date 05/21/2015	Payee name GREGGERSON'S CAKES					
Amount (\$) 125	Payee address; City; State; Zip Code 2050 TRAWOOD #9, EL PASO, TX 79935					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD & BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAKE FOR INVESTITURE				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0"> <tr> <td>Candidate / Officeholder name VICTOR SALAS</td> <td>Office sought JUDGE</td> <td>Office held JUDGE</td> </tr> </table>				Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE
Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE				
Date 05/22/2015	Payee name MIKE HAMILTON					
Amount (\$) 400	Payee address; City; State; Zip Code 10964 CATTLE RANCH ST. EL PASO, TX 79934					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) MUSIC FOR INVESTITURE RECEPTION				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0"> <tr> <td>Candidate / Officeholder name VICTOR SALAS</td> <td>Office sought JUDGE</td> <td>Office held JUDGE</td> </tr> </table>				Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE
Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE				
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME VICTOR SALAS		3 ACCOUNT # (Ethics Commission Filers)
4 Date 05/22/2015	5 Payee name J.F. MELCHOR		
6 Amount (\$) 200	7 Payee address; City; State; Zip Code 10225 BLACKWOOD AVE., EL PASO, TX 79925		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD & BEVERAGE EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CATERING FOR INVESTITURE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE
Date 07/06/2015	Payee name BELTRAN'S PRINTING		
Amount (\$) 270.63	Payee address; City; State; Zip Code 6800 ALAMEDA		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) PRINTING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE
Date 06/29/2015	Payee name 501 RESTAURANT		
Amount (\$) 793.95	Payee address; City; State; Zip Code 501 TEXAS, EL PASO, TX 79901		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD & BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) INVESTITURE RECEPTION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE
Date 07/06/2015	Payee name KEITH FONG		
Amount (\$) 150	Payee address; City; State; Zip Code 710 McKELLIGON, EL PASO, TX 79902		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) PHOTOGRAPHY	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME VICTOR SALAS		3 ACCOUNT # (Ethics Commission Filers)
4 Date 06/29/2015	5 Payee name ANSON 11		
6 Amount (\$) 263.82	7 Payee address; City; State; Zip Code 303 N. OREGON, EL PASO, TX 79901		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD & BEVERAGE EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CITY SWEARING IN DINNER	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name VICTOR SALAS	Office sought JUDGE	Office held JUDGE
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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7/15/2015 12:31:15 PM

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="font-size: 24pt; font-weight: bold;">0</div>	2 FILER NAME <div style="font-size: 18pt; font-weight: bold;">VICTOR SALAS</div>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 0	2 FILER NAME VICTOR SALAS		3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Business name					
6 Amount (\$)	7 Business address; City; State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date	Business name					
Amount (\$)	Business address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date	Business name					
Amount (\$)	Business address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date	Business name					
Amount (\$)	Business address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <div style="font-size: 24pt; font-weight: bold;">0</div>	2 FILER NAME <div style="font-size: 18pt; font-weight: bold;">VICTOR SALAS</div>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

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 City Clerk Dept.
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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 0

2 FILER NAME

VICTOR SALAS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount
(\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 0

2 FILER NAME
VICTOR SALAS

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 •• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

VICTOR SALAS

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

 •• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

 Signature of Candidate

5 OFFICEHOLDER

 •• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

 Signature of Officeholder

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